

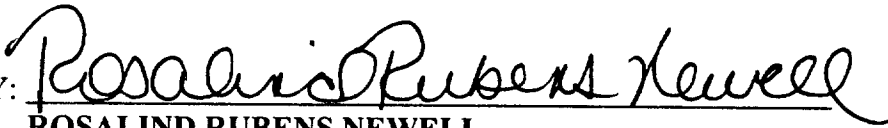
Entered - 07/19/01 - sb
CL01L0457 - DIANNE C. MITCHELL

01-R-1768

CLAIM OF: **WALTER N. TERRELL,**
through his insurance carrier,
State Farm Insurance Companies
11350 Johns Creek Parkway
Duluth, Georgia 30098-0001

For damages alleged to have been sustained as a result of a vehicular
accident on April 8, 2001 at 415 Moreland Avenue.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0457

Date: October 10, 2001

Claimant /Victim WALTER N. TERRELL
BY: (Ins. Co.) State Farm Insurance Companies
Address: 11350 Johns Creek Parkway, Duluth, Georgia 30098-0001
Subrogation: X Claim for Property damage \$ 905.71 Bodily Injury \$
Date of Notice: 05/04/01 Method: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 04/08/01 Place: 415 Moreland Avenue
Department Fire Division:
Employee involved Marian McDaniel Disciplinary Action: Letter of Counseling

NATURE OF CLAIM: The driver of the City vehicle misjudged her clearance and side-swiped the claimant's vehicle causing damage in the above amount. However, the claimant's insurance carrier has failed to provide necessary information to substantiate its insured's claim.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report X Other
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

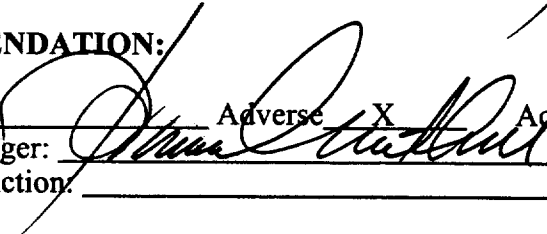
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable X
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent X Joint Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 10/21/01
Committee Action: Council Action

State Farm Insurance Companies



April 27, 2001

Auto Claim Central - Subrogation U
11350 Johns Creek Parkway
Duluth, GA 30098-0001

City Of Atlanta Fire Station #10
447 Boulevard SE
Atlanta, GA 30312-3425

MAY 04 2001

FIRE CLAIM OFFICE

ENTERED - 7-19-01 - SB
01L0457 - DIANNE MITCHELL

M. Terrell
07/19/01
[Signature]

RE: Claim Number: 11-3624-572
Our Insured: Walter N. Terrell
Date of Loss: April 8, 2001
Amount of Loss: \$905.71

Dear City Of Atlanta Fire Station #10:

We are writing to you regarding a loss sustained by our insured. Our investigation indicates that you are responsible for this loss. By virtue of our payment, we are entitled to recover from the responsible party.

If you have liability insurance, please refer this letter to your insurance company and inform us of your insurer's name, their address, and your policy number. If you do not have insurance, please respond to us regarding your position in this matter.

Please call our office or use the enclosed self-addressed envelope for your response. Your cooperation is appreciated.

Sincerely,

Sc
Sharon Carroll
Claim Expediter
(770) 418-5769

State Farm Mutual Automobile Insurance Company

Enclosure

01-R-1768